

2795
6348
0008
0010
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2510
7001

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
10/07/2005 doc. 20	
Sent To Derrick Reaves # 349-081 Street, Apt. No. or PO Box No. PO Box 5500 City, State, ZIP+4 Chillicothe, OH 45601	

PS Form 3800, January 2001
See Reverse for Instructions